

TRANSMITTAL FORM

Attorney Docket No.	20496-516
Confirmation No.	1832
Application Number	10/575,669
Filing Date	March 4, 2008
First Named Inventor	Erik Hilfrich
Group Art Unit	1784
Examiner Name	John J. Zimmerman
Patent No.	Not yet assigned
Issue Date	Not yet assigned

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> Non-Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> After Allowance <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Transmittal of Replacement Drawing(s) <input type="checkbox"/> Replacement Drawing(s) <input type="checkbox"/> Executed Declaration for Utility or Design Patent Application <input type="checkbox"/> Executed Power of Attorney to Prosecute Patent Applications Before the USPTO with Copy of Executed Assignment Document <input type="checkbox"/> Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address <input type="checkbox"/> CD(s) for large table or computer program	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Substitute Specification – Marked <input checked="" type="checkbox"/> Substitute Specification - Clean
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600
Tel. No.: (617) 526-9600
Fax No.: (617) 526-9899

SIGNATURE BLOCK

Respectfully submitted,

 Date: February 28, 2011 /Deborah M. Vernon, #55,699/
 Reg. No. 55,699 Deborah M. Vernon
 Tel. No.: (617) 526-9836 Attorney for the Applicant
 Fax No.: (617) 526-9899 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600